

7/18/02

UNITED STATES DISTRICT COURT FOR THE  
NORTHERN DISTRICT OF ILLINOIS

DEC 13 2007

MICHAEL W. DOBBINS  
CLERK, U.S. DISTRICT COURTIN FORMA PAUPERIS APPLICATION  
AND  
FINANCIAL AFFIDAVITSolache Edgar P.  
Plaintiff

v.

Grupo Antolin +  
UAW  
Defendant(s)

07 C 5 0 2 3 9

CASE NUMBER

JUDGE

Kapala

Wherever ☐ is included, please place an X into whichever box applies. Wherever the answer to any question requires more information than the space that is provided, attach one or more pages that refer to each such question number and provide the additional information. Please PRINT:

I, Edgar Solache, declare that I am the ☒ plaintiff ☐ petitioner ☐ movant (other                     ) in the above-entitled case. This affidavit constitutes my application ☐ to proceed without full prepayment of fees, or ☐ in support of my motion for appointment of counsel, or ☒ both. I also declare that I am unable to pay the costs of these proceedings, and that I am entitled to the relief sought in the complaint/petition/motion/appeal. In support of this petition/application/motion/appeal, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☐ Yes ☒ No (If "No," go to Question 2)

I.D. #                      Name of prison or jail:                     Do you receive any payment from the institution? ☐ Yes ☐ No Monthly amount:                     

2. Are you currently employed? ☐ Yes ☒ No

Monthly salary or wages:                     Name and address of employer:                     

- a. If the answer is "No":

Date of last employment: Nov-29-2007Monthly salary or wages: \$10.00 per hourName and address of last employer: Grupo Antolin 642 Crystal  
Pkwy Belvidere, IL 61008

- b. Are you married? ☐ Yes ☒ No

Spouse's monthly salary or wages:                     Name and address of employer:                     

3. Apart from your income stated above in response to Question 2, in the past twelve months have you or anyone else living at the same address received more than \$200 from any of the following sources? Mark an X in either "Yes" or "No", and then check all boxes that apply in each category.

- a. Salary or wages

Amount: \$8.50 per hour Received by Thalia Rumbo ☒ Yes ☐ No

- b. ☐ Business, ☐ profession or ☐ other self-employment ☐ Yes ☒ No  
Amount \_\_\_\_\_ Received by \_\_\_\_\_
- c. ☐ Rent payments, ☐ interest or ☐ dividends ☐ Yes ☒ No  
Amount \_\_\_\_\_ Received by \_\_\_\_\_
- d. ☐ Pensions, ☐ social security, ☐ annuities, ☐ life insurance, ☐ disability, ☐ workers' compensation, ☒ unemployment, ☐ welfare, ☐ alimony or maintenance or ☐ child support ☒ Yes ☐ No  
Amount \$ 525<sup>00</sup> Received by Illinois Department of Employment-Sec
- e. ☐ Gifts or ☐ inheritances ☐ Yes ☒ No  
Amount \_\_\_\_\_ Received by \_\_\_\_\_
- f. ☐ Any other sources (state source: \_\_\_\_\_) ☐ Yes ☒ No  
Amount \_\_\_\_\_ Received by \_\_\_\_\_
4. Do you or anyone else living at the same address have more than \$200 in cash or checking or savings accounts? ☒ Yes ☐ No Total amount: 203.80  
In whose name held: Edgar Solache Relationship to you: \_\_\_\_\_
5. Do you or anyone else living at the same address own any stocks, bonds, securities or other financial instruments? ☐ Yes ☒ No  
Property: \_\_\_\_\_ Current Value: \_\_\_\_\_  
In whose name held: \_\_\_\_\_ Relationship to you: \_\_\_\_\_
6. Do you or anyone else living at the same address own any real estate (houses, apartments, condominiums, cooperatives, two-flats, three-flats, etc.)? ☐ Yes ☒ No  
Address of property: \_\_\_\_\_  
Type of property: \_\_\_\_\_ Current value: \_\_\_\_\_  
In whose name held: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Amount of monthly mortgage or loan payments: \_\_\_\_\_  
Name of person making payments: \_\_\_\_\_
7. Do you or anyone else living at the same address own any automobiles, boats, trailers, mobile homes or other items of personal property with a current market value of more than \$1000? ☒ Yes ☐ No  
Property: 97 Volkswagen Jetta  
Current value: \$3000  
In whose name held: Edgar Solache Relationship to you: myself
8. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute monthly to their support. If none, check here ☐ No dependents  
Brian Solache - Son - Brenda Solache - Daughter - Alex Solache - Son - Lily Solache - Daughter

I declare under penalty of perjury that the above information is true and correct. I understand that pursuant to 28 U.S.C. § 1915(e)(2)(A), the court shall dismiss this case at any time if the court determines that my allegation of poverty is untrue.

Date:

Dec-13-2007

Edgar P. Solache  
Signature of Applicant  
Edgar P. Solache  
(Print Name)

**NOTICE TO PRISONERS:** A prisoner must also attach a statement certified by the appropriate institutional officer or officers showing all receipts, expenditures and balances during the last six months in the prisoner's prison or jail trust fund accounts. Because the law requires information as to such accounts covering a full six months before you have filed your lawsuit, you must attach a sheet covering transactions in your own account--prepared by each institution where you have been in custody during that six-month period--and you must also have the Certificate below completed by an authorized officer at each institution.

**CERTIFICATE**  
(Incarcerated applicants only)  
(To be completed by the institution of incarceration)

I certify that the applicant named herein, \_\_\_\_\_, LD.# \_\_\_\_\_, has the sum of \$ \_\_\_\_\_ on account to his/her credit at (name of institution) \_\_\_\_\_.

I further certify that the applicant has the following securities to his/her credit: \_\_\_\_\_. I further certify that during the past six months the applicant's average monthly deposit was \$ \_\_\_\_\_.  
(Add all deposits from all sources and then divide by number of months).

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF AUTHORIZED OFFICER

\_\_\_\_\_  
(Print name)

# National City

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### Account Info

### Transfer Funds

### Pay Bills

### Customer Support

## View Account Activity

### Show Activity For:

Checking ...9147

Account: Checking ...9147

Current Balance: \$203.80

Available Balance: \$203.80 \*

\*Includes amounts available through overdraft protection, if applicable.

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Date▼	Description	Type	Debit(-)	Credit(+)	Running Balance
<b>Pending Items</b>					
12/12/2007	VISA CHECKCARD DB-POINT OF SALE	Debit	\$1.03		\$203.80
12/12/2007	PENDING CHECK(S)-ITEM PROCESSING	Check 734690002	\$33.43		\$204.83
12/12/2007	ATM CASH WITHDRAWAL	Debit	\$60.00		\$238.26
<b>Posted Items</b>					
12/07/2007	SULLIVAN FOODS, BELVEDERE, IL POINT OF SALE PURCHASE	Debit	\$14.93		\$298.26
12/07/2007	GRUPO ANTOLIN IL PAYROLL 071205	Credit		\$223.98	\$313.19
12/06/2007	FAMILY COUNSELING SERVICE, ROCKFORD	Debit	\$18.00		\$89.21
12/06/2007	NC CHECKCARD TRANS. CAPITAL ONE ONLINE PMT 733938910195732	Debit	\$25.00		\$107.21
12/03/2007	NAT CITY ATM CASH WITHDRAWAL	Debit	\$20.00		\$132.21
11/30/2007	1004 N. STATE ST., BELVIDERE, IL AMOCO OIL 08616104, BELVIDER NC CHECKCARD TRANS.	Debit	\$3.99		\$152.21
11/30/2007	STOP N GO #291, BELVIDERE, IL POINT OF SALE PURCHASE	Debit	\$13.46		\$156.20
11/30/2007	SUPER MERCADO GUANAJUATIT, BELVIDERE NC CHECKCARD TRANS.	Debit	\$17.69		\$169.66
11/29/2007	WAL-MART #3597, BELVIDERE, IL POINT OF SALE PURCHASE	Debit	\$11.06		\$187.35
11/27/2007	STOP N GO #291, BELVIDERE, IL POINT OF SALE PURCHASE	Debit	\$18.20		\$198.41
11/27/2007	NAT CITY ATM CASH WITHDRAWAL	Debit	\$20.00		\$216.61
11/26/2007	1004 N. STATE ST., BELVIDERE, IL AMOCO OIL 08616104, BELVIDER NC CHECKCARD TRANS.	Debit	\$3.99		\$236.61
11/26/2007	AUTOZONE 2649, BELVIDERE, IL POINT OF SALE PURCHASE	Debit	\$4.26		\$240.60
11/23/2007	GRUPO ANTOLIN IL PAYROLL 071120	Credit		\$276.82	\$244.86
11/21/2007	AMOCO OIL 08616104, BELVIDER NC CHECKCARD TRANS.	Debit	\$5.38		(\$31.96)
11/21/2007	SUBWAY #2867, BELVIDERE, IL NC CHECKCARD TRANS.	Debit	\$16.87		(\$26.58)
11/21/2007	CHECK	Check 239	\$18.00		(\$9.71)
11/21/2007	OVERDRAFT CHARGE	Debit	\$30.00		\$8.29
11/21/2007	WAL-MART #3597, BELVIDERE, IL POINT OF SALE PURCHASE	Debit	\$104.78		\$38.29
11/21/2007	CHECK	Check 240	\$300.00		\$143.07
11/20/2007	ROAD RANGER #207, BELVIDERE, IL NC CHECKCARD TRANS.	Debit	\$5.92		\$443.07
11/20/2007	OLD CHICAGO 40, ROCKFORD, IL NC CHECKCARD TRANS.	Debit	\$22.48		\$448.99
11/20/2007	OLD CHICAGO 40, ROCKFORD, IL NC CHECKCARD TRANS.	Debit	\$35.48		\$471.47